

**Who you are, where you live matter when it comes to getting the best primary care, Health Quality Ontario report shows**

**TORONTO, ON – November 10, 2015** –Ontarians are less likely to receive optimal primary care if they are immigrants, live in a low-income neighbourhood, or live in a rural, remote or northern area of the province, according to the new report, *Quality in Primary Care: Setting a foundation for monitoring and reporting in Ontario*.

Research has established that quality primary care is integral for overall population health and forms the base on which a first-rate health system is built. Primary care providers – such as family doctors and nurse practitioners – assess and diagnose patients, support early detection of health problems, promote healthy behaviours, provide counselling, and help coordinate a patient’s journey through the health system.

“Primary care is a crucial component of our health system and right now, who you are and where you live matter when it comes to receiving high-quality primary care in Ontario,” said Dr. Joshua Tepper, President and CEO of Health Quality Ontario. “The inequity in care underscores the importance of monitoring performance and working towards a strategy that will improve primary care for all Ontarians.”

For *Quality in Primary Care*, Health Quality Ontario measured primary care performance using indicators, such as whether Ontarians are able to get a timely response when they call their primary care provider, whether they feel they are involved in decisions about their own care and treatment, and whether they are receiving screening tests for certain conditions. The indicators were selected in partnership with an advisory committee of primary care experts and patients, and their data will be updated every year.

**KEY REPORT FINDINGS:**

**Many of the nearly 30% of Ontarians who are immigrants may not have the same access as non-immigrants to quality primary care.**

- 86% of immigrants living in Canada for less than 10 years have a primary care provider they see regularly compared to 94% of Ontarians born in Canada.

- 78% of immigrants in Canada less than 10 years and 82% of immigrants in Canada 10 years or more say their primary care provider always or often involves them in decisions about their care and treatment. Among Ontarians born in Canada, 88% say they are involved.
- 65% of established immigrants have had their medications reviewed within the previous year, compared to 71% of Ontarians born in Canada.

**Ontarians from lower-income groups are sometimes not receiving evidence-based primary care, even though there have been improvements for Ontarians as a whole.**

- 50% of people aged 50 to 74 living in the lowest-income urban neighbourhoods are overdue for colorectal cancer screening, compared to 35% in the highest-income neighbourhoods.
- 15% of recently-hospitalized people in the lowest-income neighbourhoods are back in hospital within 30 days, compared to 12% of people in the highest-income neighbourhoods. While most readmissions are not avoidable, variations in this rate may point to missed opportunities in care coordination with primary care or other parts of the system after a hospital stay.

**Many Ontarians can't get same or next-day access to their primary care provider when they are sick, especially those living in rural, northern or remote areas, (many of whom are also not receiving the best evidence-based, coordinated primary care).**

- While 94% of Ontarians aged 16 or older say they have a primary care provider, only 44% of Ontarians report having access to same-day or next-day appointments with their primary care provider when they are ill. When compared internationally, Ontario's performance on this indicator is worse than that of 10 countries of similar social and economic status, (Australia, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States).

- 28% of residents living in the area covered by Ontario's North West Local Health Integration Network (LHIN) are able to see their primary care provider on the same or next day when sick. The North West LHIN includes roughly the western half of the province north of Lake Superior.
- In rural areas, 35% of people are able to see their primary care provider on the same or next day when sick, compared to 46% in urban settings.
- After being hospitalized for conditions such as lung disease or heart problems, 22% of patients in the North East LHIN, which covers roughly the eastern half of the province north of Parry Sound, had a follow-up visit with a primary care doctor within seven days of discharge, compared to 38% in the Central West LHIN just northwest of Toronto.
- Although there has been improvement in screening for colorectal cancer overall (in 2013, 42% of Ontarians were overdue for screening, compared to 46% in 2010), more people in northern regions of Ontario are overdue for colorectal cancer screening than in the rest of the province. For example, in the North West LHIN, 46% of people aged 50 to 74 are overdue for screening, compared to 37% in North Simcoe Muskoka. In addition, 45% of people in very remote areas and 43% in remote areas are overdue for colorectal cancer screening, compared to 41% in urban areas.

*Quality in Primary Care* is the first report featuring Health Quality Ontario's new primary care performance measures and is the most comprehensive view of this sector undertaken so far. It builds on the six primary care measures that appear in the *Common Quality Agenda*, a set of indicators developed with experts across the province, to see how the quality of care is changing in Ontario — how each local health integration network region is performing, and how our province compares with the rest of Canada and other countries. *Quality in Primary Care* provides us with more information about the quality of primary care in Ontario.

The selection of the indicators in this report used to measure performance was the culmination of many years of work by the Primary Care Performance Measurement Advisory Committee, a group of dedicated health system partners and patients with extensive experience and expertise in primary care.

Data from these indicators will be updated regularly on Health Quality Ontario’s website and in future reports, as part of its ongoing work to monitor and report on primary care, and to foster transparency, accountability and quality improvement in the health system.

While this is a report about numbers, *Quality in Primary Care* also includes real patient stories from patients whose experiences span the entire health system, showing how primary care is the foundation of health care in Ontario.

To view the entire *Quality in Primary Care* report, visit [www.hqontario.ca](http://www.hqontario.ca).

## **ABOUT HEALTH QUALITY ONTARIO**

Health Quality Ontario (HQO) is the provincial advisor on quality in health care. HQO reports to the public on the quality of the health care system, evaluates the effectiveness of new health care technologies and services, and supports quality improvement throughout the system. Visit [www.hqontario.ca](http://www.hqontario.ca) for more information.

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